

### Request to Establish Reciprocal Service Credit

Member Name \_\_\_\_\_ SSN \_\_\_\_\_

I request that ATRS credit the service from my employment covered by a reciprocal retirement system under ACA § 24-2-401 et. seq. or an alternate retirement plan authorized under Arkansas law. All requests for reciprocal service credit are subject to verification that the service meets eligibility requirements for reciprocal credit and is subject to verification with your participating employer and the reciprocal system or plan in which the service accrued. If you have credit with more than one reciprocal system, submit this form for each reciprocal plan for which you are requesting credit to ATRS.

Name of Reciprocal System or Alternate Plan \_\_\_\_\_  
(APERS, ASHERS, State Police, Local Fire & Police, State Highway, Judicial, or alternate retirement plan)

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Certification of Reciprocal Systems

The above member is/was a member of \_\_\_\_\_

Member has established service credit of \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_  
Years/Months Date Date

As an employee of \_\_\_\_\_

\_\_\_\_\_  
Retirement System Representative Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

#### To be filled out by Arkansas Teacher Retirement System

Member has established service credit of \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_  
Years Date Date

As an employee of \_\_\_\_\_

\_\_\_\_\_  
Retirement System Representative Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

#### For Alternate Plan Administrators:

Has the member received a full or partial refund of contributions or an account distribution? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Alternate Plan Administrator Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Name